

Approved, SCAO

Original - Court file
1st copy - Assignment Clerk/Extra
2nd copy - Friend of the Court/Extra

3rd copy - Opposing party
4th copy - Moving party

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY**

NOTICE OF HEARING AND MOTION

CASE NO.

Court address

Court telephone no.

Plaintiff name(s)

Plaintiff's attorney, bar no., address, and telephone no.

v

Defendant name(s)

Defendant's attorney, bar no., address, and telephone no.

NOTICE OF HEARING

1. Motion title: _____

2. Moving party: _____

3. This matter has been placed on the motion calendar for:

Judge	Bar no.	Date	Time
Hearing location <input type="checkbox"/> Court address above <input type="checkbox"/>			

4. If you require special accommodations to use the court because of disabilities, please contact the court immediately to make arrangements.

MOTION

Date

Signature

PROOF OF SERVICE**Notice of Hearing**

Case No. _____

TO PROCESS SERVER: You must promptly serve the copies of the notice of hearing and file proof of service with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

CERTIFICATE / AFFIDAVIT OF SERVICE / NON-SERVICE☐ **OFFICER CERTIFICATE**

I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party [MCR 2.104(A)(2)], and that: (notary not required)

OR☐ **AFFIDAVIT OF PROCESS SERVER**

Being first duly sworn, I state that I am a legally competent adult who is not a party or an officer of a corporate party, and that: (notary required)

☐ I served a copy of the notice of hearing by:☐ personal service ☐ registered or certified mail (copy of return receipt attached) on:

Defendant's name	Complete address of service	Day, date, time
Law enforcement agency	Complete address of service	Day, date, time

☐ After diligent search and inquiry, I have been unable to find and serve the defendant. I have made the following efforts

in attempting to serve process: _____

☐ I have personally attempted to serve a copy of the notice of hearingon _____
Nameat _____
Address

and have been unable to complete service because the address was incorrect at the time of filing.

Service fee	Miles traveled	Mileage fee	Total fee
\$		\$	\$

Signature _____

Title _____

Subscribed and sworn to before me on _____, _____ County, Michigan.
DateMy commission expires: _____ Signature: _____
Date Deputy court clerk/Notary public**ACKNOWLEDGMENT OF SERVICE**I acknowledge that I have received a copy of the notice of hearing on _____
Day, date, time

Signature _____ on behalf of _____